

Applicants Name: _____ Date: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____

Year	Make	Model	CC	Number of Passengers Allowed to Ride at One Time	Business Use	Personal Use
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

General Information

- Are ATV's used for: hunting, sightseeing, or other ; Are activities: guided or unguided?
- If guided, ratio of guides: _____ to guests: _____.
- Length of guided trip: _____ hours; _____ miles
- Any overnight trips conducted? Yes No
- Describe the location/route of the trip and type of terrain: (Check all that apply.)
 public road; off road trails cut & maintained; unexplored trails; other: _____
- Does the applicant maintain trails/courses? Yes No
- Are guests allowed to ride on unexplored trails/courses? Yes No Are trails/courses: guided or unguided?
- Are there any open areas for the guests to ride? Yes No
- Minimum age of drivers: _____ years old / Minimum age of riders: _____ years old
- a. Are alcoholic beverages allowed at any time? Yes No
 b. Are guests allowed to drive after drinking? Yes No
- Are guests allowed to bring their own ATV's? (**Note: No liability coverage for guest owned All Terrain Vehicles.**) Yes No

Safety Information

- Does applicant have safety guidelines for ATV riding? (**If yes, attach a copy.**) Yes No
- Does applicant require all guides to have clear motor vehicle records? Yes No
- Are safety guidelines reviewed with guests in an orientation prior to riding to make them aware of ATV features, proper handling, and safety? Yes No
- Is a pre-ride inspection performed including: checking tires, throttle cable , front and rear breaks, lights and switches, oil and fuel, chain, and the chassis for any defects or wear? Yes No
- Check all that are required to ride/drive: goggles; helmets; long pants; shoes; none
- Do ATV's have lights, reflectors, or flags to improve visibility of rider/ATV? Yes No
- Do the ATV's have governors (an attachment to limit speed)? Yes No
- Are waivers signed and kept in file for minimum of 5 years? (**Attach a copy.**) Yes No

 This supplement must be approved by Markel Insurance Company prior to coverage being bound.
 This supplement becomes part of your application and must be signed and dated.

Applicant's Signature: _____ Date: _____ Broker's Signature: _____ Date: _____

Broker's Name: _____ Agency Phone Number: _____